

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RETURN APPLICATION TO:

STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
ATTN: DIVISION OF PROFESSIONAL REGULATION  
320 West Washington Street, 3rd Floor  
Springfield, Illinois 62786

## WAIVER OF FIREARM TRAINING

### INSTRUCTIONS

**APPLICANT:** Complete the bottom of this page and forward to the Department of Financial and Professional Regulation, along with the following applicable documentation:

**I. Police Training:**

**A. In-State**

1. Submit a copy of certification of completion of firearm training provided by the Illinois Law Enforcement Training Standards Board; or
2. Submit a copy of the Illinois State Police "Appoint and Commission" certificate if firearm training was provided by the Illinois State Police; or
3. Submit a letter verifying current employment as a law enforcement officer as defined in the Illinois Police Training Act; or
4. Submit proof that you are a qualified retired law enforcement officer as defined in the federal Law Enforcement Officers Safety Act of 2004 (HR-218) and are in compliance with all of the requirements of this Act. Include a copy of the front and back of your current Illinois Retired Officers Concealed Carry Permit pocket card.

**B. Out-of-State**

1. Submit a comprehensive description of the program, prepared by the facility where you completed said training.

**II. Illinois Registered Firearm Instructor - Submit a copy of Illinois approved instructor registration issued by this Department.**

**NOTE:** Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

1. NAME (Last, First, Middle Initial) <b>Please Type or Print in black pen.</b>		2. DATE OF BIRTH	3. UNITED STATES SOCIAL SECURITY NO.				
4. ADDRESS (Street, City, State, and ZIP Code)		5. <u>REQUIRED</u> E-MAIL ADDRESS					
6. MAIDEN NAME		7. PERMANENT EMPLOYEE REGISTRATION NUMBER (If Applicable) <b>129 -</b>					
8. DPR FIREARM COURSE NUMBER <b>102 - 91</b>		9. DATES OF ATTENDANCE ____ / ____ / ____ to ____ / ____ / ____	10. DATE TRAINING COMPLETED ____ / ____ / ____				
11. NAME AND ADDRESS OF TRAINING ACADEMY ATTENDED (Street, City, State, and ZIP Code)		12. CHECK TYPE OF WEAPON(S) FOR WHICH YOU WERE TRAINED: <table border="0"><tr><td><input type="checkbox"/> Handgun/Revolver</td><td><input type="checkbox"/> Shotgun</td></tr><tr><td><input type="checkbox"/> Semi-automatic</td><td><input type="checkbox"/> Rifle</td></tr></table>		<input type="checkbox"/> Handgun/Revolver	<input type="checkbox"/> Shotgun	<input type="checkbox"/> Semi-automatic	<input type="checkbox"/> Rifle
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Date \_\_\_\_\_ Signature \_\_\_\_\_